



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LEAD LICENSING PROGRAM  
**LEAD OCCUPATION LICENSE RENEWAL APPLICATION**

**GENERAL INFORMATION**

A completed application for a renewal license must be submitted to the Department at least sixty (60) days prior to the license expiration date indicated on the license. Failure of the licensee to submit an application at least sixty (60) days prior to the current license's expiration date may result in the license not being renewed before the current license expires. If a licensee allows the license to expire before renewal, the licensee must reapply to the Department.

A **completed renewal application** includes:

1. A completed *Lead Occupation License Renewal Application* form
2. A copy of your Missouri- or EPA- accredited refresher training course completion certificate
3. Two (2) recent, passport-size color photographs of the applicant's face without a hat or sunglasses (Computer generated or photocopied photographs are not acceptable) and
4. A check or money order made payable to the Missouri Department of Health and Senior Services for the nonrefundable fee of fifty dollars (\$50).

**INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF LICENSE.**

The individual signing the application must provide their social security number pursuant to state and federal law. If you fail or refuse to provide your social security number, your application will be returned to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

- Please submit a separate **complete application** for each occupation for which you are applying.
- **Please type or print legibly.**
- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570

**PART A. PERSONAL INFORMATION**

LEGAL NAME OF APPLICANT --- FIRST		MIDDLE INITIAL	LAST	
HOME ADDRESS (STREET, APARTMENT)				
CITY	STATE	ZIP CODE	COUNTY	
TELEPHONE NUMBER (     )     -		SOCIAL SECURITY NUMBER -     -		
PRESENT EMPLOYER			EMPLOYER TELEPHONE NUMBER (     )     -	
EMPLOYER ADDRESS (STREET)				
CITY	STATE	ZIP CODE	COUNTY	
Please mail all correspondence regarding this application to my: (check one) <input type="checkbox"/> Home Address <input type="checkbox"/> Present Employer				

**PART B. PERSONAL DATA**

Have you ever been convicted of a felony under any state or federal law or entered a plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States? ☐ Yes ☐ No

If you have answered Yes to the above question, you must attach to this application a certified copy of all charging documents (such as complaints, informations or indictments), judgements and sentencing information and any other information you wish considered.

Check the appropriate box:

**FOR OFFICE USE ONLY**

RENEWAL FOR:

FEE

☐ Inspector

\$50.00

☐ Risk Assessor

\$50.00

☐ Worker

\$50.00

☐ Supervisor

\$50.00

☐ Project Designer

\$50.00

**PART C. REFRESHER TRAINING**

Please submit a copy of your refresher training course certificate.

☐ Inspector

☐ Risk Assessor

☐ Worker

☐ Supervisor

☐ Project Designer

NAME OF TRAINING PROVIDER

ADDRESS OF TRAINING PROVIDER

APPLICANTS TRAINING CERTIFICATE NUMBER

**PART D. WAIVER (OPTIONAL)**

I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify the Department in writing of such change.

NAME

TITLE OR RELATIONSHIP TO APPLICANT

ADDRESS

TELEPHONE NUMBER

( )

**PART E. CERTIFICATION**

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo.

SIGNATURE OF APPLICANT (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)

DATE

